

Emergency Management and Response Information Sharing and Analysis Center (EMR-ISAC)

INFOGRAM 9-08

March 6, 2008

NOTE: This INFOGRAM will be distributed weekly to provide members of the Emergency Services Sector with information concerning the protection of their critical infrastructures. For further information, contact the Emergency Management and Response- Information Sharing and Analysis Center (EMR-ISAC) at (301) 447-1325 or by e-mail at emr-isac@dhs.gov.

Stolen or Cloned Emergency Vehicles

The Emergency Management and Response—Information Sharing and Analysis Center (EMR-ISAC) continues to receive information about incidents of stolen or cloned emergency vehicles. Although this is not an indication of a major crisis among Emergency Services Sector (ESS) departments and agencies, it is still a matter for concern and correction. Federal officials have repeatedly stated that domestic and transnational terrorists may use stolen or cloned emergency vehicles to deceive force protection measures, penetrate restricted areas, and transport weapons and explosive ordnance to their targets without delay or discovery.

The most recent incident involved the sighting of a potentially cloned ambulance. After officials contacted the ESS department advertised on the clone, it became clear that the suspect vehicle was painted incorrectly. Further, it bore passenger (versus department) license plates, was driven by a single, non-uniformed individual rather than the minimum of two persons required by the department, and was spotted in another state to which the organization had not sent any of its ambulances.

Experts advise that indicators of cloned vehicles include the following:

- Improperly displayed vehicle registrations.
- Personalized license plates.
- After-market/fancy license plate frames.
- Very low vehicle service numbers (i.e., 007, 0025).
- Display of names that belong to rival/competing companies.
- Display of several company names but only one contact number.
- Old ladders loaded onto newer-looking ladder racks.
- Old and worn traffic cones attached to the exterior of an otherwise newer looking vehicle.

Driver indicator questions to ask include:

- Is the driver's demeanor consistent with the company he/she is allegedly representing?
- Is the driver's uniform consistent with the vehicle being driven?
- Are the driver and vehicle destination and origin consistent with the company being represented?

To prevent the unauthorized or illegal use of actual emergency vehicles, the EMR-ISAC encourages ESS organizations to review, improve, and enforce SOPs pertaining to the employment and security of department or agency vehicles. Although there must be reasonable exceptions, such as at the scene of a major ongoing incident, ESS leaders should expect that all vehicles will be locked properly wherever and whenever unattended.

Incident Response Preparedness

The discovery last week of vials of ricin in a Las Vegas motel room re-emphasizes that Emergency Services Sector (ESS) personnel may be called upon to participate in similar or identical response and

recovery efforts. This possibility should cause a re-examination of preparedness by ESS departments and agencies for chemical and biological incidents.

Ricin is a potent toxin derived from castor beans. Exposure to ricin can occur through several routes, including inhalation, ingestion, skin and eye exposure, and injection. It can be in the form of a powder, a mist, or a pellet. An amount of ricin about the size of the head of a pin (500 micrograms) can kill a human. The occupant of the room in which the vials were found entered the hospital with breathing difficulties and lapsed into a coma. Bio-security experts have said that the individual's illness suggests he was exposed to a powder fine enough to float in the air (aerosolized).

In order to ensure the critical infrastructure protection (CIP) of engaged first response organizations, specialists at the U.S. Fire Administration (USFA) and the Emergency Management and Response-Information Sharing and Analysis Center (EMR-ISAC) offer the following questions for consideration by department chief officers:

- Has the organization thoroughly considered, planned, and rehearsed how it would respond?
- Does the department have the necessary response and recovery equipment?
- Has the organization conducted the appropriate training in identification, entry, decontamination, and victim treatment?
- Has the department participated in joint agency exercises for these events?
- Does the organization need assistance from external sources that can be fixed in a mutual aid agreement?
- Has the department efficiently coordinated with its stakeholders for these incidents?
- Do organization plans include procedures to develop an Incident Command Team and, when necessary, a Unified Command Team?
- Does the department have measures to protect internal critical infrastructure during response and recovery operations?

The Centers for Disease Control and Prevention (CDC) last week issued a health advisory, <u>CDC Alert on Ricin</u> (and offers information and resources on the topic at http://www.bt.cdc.gov/agent/ricin/index.asp), including a Web cast, <u>Recognition</u>, <u>Management and Surveillance of Ricin-Associated Illness</u>. The final draft of <u>Response to a Ricin Incident: Guidelines for Federal</u>, <u>State</u>, and <u>Local Public Health and Medical Officials</u> (PDF, 1.1 Mb), prepared for the U.S. Department of Health and Human Services, is now available for download.

For additional suggestions or assistance, contact Mr. Wayne Yoder, USFA Hazmat Specialist, at 301-447-1090, or at wayne.yoder@dhs.gov.

Law Enforcement Biological Incident Operations

A guide that introduces and discusses recommended techniques and strategies to assist Emergency Services Sector (ESS) organizations prepare for, and respond to, incidents of biological terrorism is available from the U.S. Army Research, Development and Engineering Command.

Biological Incident Operations: A Guide for Law Enforcement (PDF, 935 Kb) was developed by the Edgewood Chemical and Biological Center to provide a basis for standard operating procedure (SOP) planning and to assist commanders, coordinators and responders at all levels to better manage the consequences of a biological terrorism incident. The Emergency Management and Response—Information Sharing and Analysis Center (EMR-ISAC) notes that among the authors' goals was to provide a basic document for pre-planning purposes that also promotes interagency cooperation.

A brief overview of agent characteristics, types of agents, methods of dissemination, possible targets, types of incidents, and recent incidents begins the guide. Later chapters address personal protective measures and equipment, threat assessment, incident investigation, incident control and incident response, asset mobilization, and indicators. The experts who proposed the guide strongly suggest that agencies unable to perform some or all of the tasks referenced in it seek assistance from other agencies

(e.g., training, pooling resources, forming partnerships with neighboring jurisdictions, seeking additional federal/state funding, etc.).

The guide is a resource that responder organizations can use to protect their foremost critical asset—personnel—and as a benchmark to review their training and policies for biological incident operations.

AFG Application Period Opens

The Department of Homeland Security Grant Programs Directorate is accepting applications for Fiscal Year (FY) 2008 Assistance to Firefighters Grants (AFG) until 5:00 p.m. EDT on April 4, 2008. The AFG awards will be distributed in phases throughout FY 2008, ultimately totaling approximately \$500 million.

Eligible to apply are Emergency Services Sector (ESS) fire departments and nonaffiliated emergency medical services (EMS) organizations operating in the 50 United States, District of Columbia, Guam, Puerto Rico, Virgin Islands, American Samoa, and the Commonwealth of the Northern Mariana Islands. The Emergency Management and Response—Information Sharing and Analysis Center (EMR-ISAC) notes that organizations may submit two separate applications for consideration under each of two programs, both of which enhance critical infrastructure assets. The Operations and Safety Program awards to fire departments and EMS organizations can be used for training, equipment, personal protective equipment, wellness and fitness, and modifications to facilities. Under the Vehicle Acquisition Program, eligible apparatus available to fire departments include, but are not limited to, pumpers, brush trucks, tankers/tenders, rescue vehicles, ambulances, quints, aerials, foam units, and fireboats.

The FY 2008 AFG will also allow eligible applicants to submit an additional application for a regional project through which multiple organizations, serving more than one local jurisdiction, may benefit directly from the activities implemented with the grant funds.

Interested applicants can access the current AFG application through the <u>AFG Web site</u>. The Web site contains necessary information about the AFG, including FY 2008 funding priorities and program guidance, a Web-based application process tutorial, frequently asked questions, and other materials. ESS personnel who have questions regarding the AFG program can call the Help Desk (1-866-274-0960) or e-mail <u>firegrants@dhs.gov</u>. During the application period, Help Desk hours will be from 8:00 a.m. to 8:00 p.m., Monday through Friday, and from 8:00 a.m. to 4:30 p.m. EST on Saturdays. Additional information is available and at <u>Grants.gov</u>.

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The FBI regional phone numbers can be found online at www.fbi.gov/contact/fo/fo.htm.

For information affecting the private sector and critical infrastructure, contact the National Infrastructure Coordinating Center (NICC), a sub-element of the NOC. The NICC can be reached by telephone at 202-282-9201 or by e-mail at NICC@dhs.gov.

When available, each report submitted should include the date, time, location, type of activity, number of people and type of equipment used for the activity, the name of the submitting company or organization, and a designated point of contact.